NON-USPS ADJUSTMENT REQUEST--PAYMENTS (Fringe Benefit/Employee Business Expense) ${\rm STD.~676P}$ (NEW. 1-96) ${\rm ~FMC}$

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE. For additional information, including Volume Processing Information, refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section I. Submit only original.



A. ITEM CODE B. ITEM DESCRIPTION						C. TAX YEAR D. PAGE OF		
COCIAL CECURITY	EMPLOYEE'S NAME (2)	POSI	POSITION PAY PERIOD			GROSS AMOUNT	STATE ISSUE DATE	
SOCIAL SECURITY NUMBER (1)		AGENCY (3)	UNIT (4)	(5) M Y	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	(9) M D Y
					<u> </u>			
AGENCY/CAMPUS NAME								
	ify that I am duly authorized by the data stated herein is correct, compl							
REPORTING OFFICER'S SIGNATURE						DATE SIGNED		
TYPED OR PRINTED NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS REQUEST						(Include Area Code or use CALNET)		
						()		

NON-USPS ADJUSTMENT REQUEST--PAYMENTS

(Fringe Benefit/Employee Business Expense)

STD 676P (NEW 1-96) (REVERSE) FMC

INSTRUCTIONS

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information. Entries on Form STD. 676P must be as follows:

- **BOX A -- Item Code.** A separate form STD. 676P is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.
- BOX B -- Item Description. Enter the full name, below, of the benefit being reported (e.g. CARS Standard Mileage Allowance or MEALS AND LODGING Long Term Travel).
- **BOX C -- Tax Year**. A separate form STD. 676P is required for each tax year.
- If the employee receives reimbursement via revolving fund check, tax year is the calendar year in which the revolving fund check is issued.
- If the employee receives reimbursement via the State Controller's Office — Claims Process, the tax year is the calendar year in which the warrant is issued.
- BOX D -- Page ___ of ___ must be completed.

COLUMN

- 1 Enter the employee's Social Security Number.
- 2 Enter the employee's first/middle initials and surname.
- 3 Enter the three-digit agency code.
- 4 Enter the three-digit unit number.
- 5 Enter the pay period in which the benefit amounts were paid or incurred whether reporting reimbursement via revolving fund check or claim warrant.
- 6 Enter the gross amount subject to withholding.
- 7 Enter the gross amount **NOT** subject to withholding. This column is used **ONLY** to report the "UP TO" amounts of:
 - Standard Mileage Allowance
 - Moving Expense Mileage Reimbursements
 - · Per Diem or
 - the non-taxable portion of Moving Expense Relocation reimbursement.

COLUMN

Enter the State Code--CA, California IL, Illinois NY New York

NY, New York Blank, all others

NOTE: FOR VAN POOL DRIVER AND LONG TERM TRAVEL, LEAVE STATE CODE BLANK.

9 Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

BOTTOM BOXES

ITEM

CODE

ML

- Enter the agency/campus name.
- Signature of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.

ITEM ITEM CODE DESCRIPTION

AIRCRAFT

AR • Reimbursement Plans

AWARDS/BONUSES

BICYCLE MILEAGE

- AE Employee Recognition and Morale Program
- AH Health and Safety Incentive Award Program
- AS Safety Incentive Award Program

MP • Per Diem

MEALS AND LODGING

Long Term Travel

DESCRIPTION

ITEM

MOVING EXPENSES

MM • Mileage Reimbursement

MR • Relocation Expense

OM OVERTIME MEAL COMPENSATION

SCHOLARSHIPS

SC • CSU Fee Waiver Program

TA TOOL ALLOWANCES

TRANSPORTATION SUBSIDIES

- TD Discount Travel/Transit Passes
- TV Van Pool Driver

UA UNIFORM ALLOWANCES

CARS

BM

- CB Call Back Mileage
- CC Commuter Mileage
- CR Remote Headquarters Mileage
- CS Standard Mileage Allowance
- EA EDUCATIONAL ASSISTANCE
- EE ENTERTAINMENT EXPENSES

HOUSING/LODGING

- HE Executive Housing Expense
- HR Reimbursement Plans

